APHIS Form 29

The New APHIS 29
 Form was developed to ensure regulatory compliance and to make it more customer friendly. The form should be completed by the employee and their supervisor

			UN	TED STATES DEPAR	TMENT OF AGRICULTU	RE //CE							
				OCCUPATION	L MONITORING AL EXPOSURES all information)								
			Sect		mpleted by emplo	vee)		_	_				_
Name (Last, First	t, Middle In	itial)	Social Securi			nclude Laboratory, B	uildir	ng an	d Ro	om)			
Date of Birth	Title, Se	ries, Grad											
Sex Female	M	ale	Telephone Num										
		Tue.			mpleted by emplo	yee)			_				
Yes [No	☐ Ne	nat type? (Check gative Pressure	PAPR	SCBA	Pesticide Applica	tor		Yes.			No	
Name of Occupation occupational exposontinuation sheet	sures with v	vhich you w		CAS or EPA Numbe	Work Use	Route of Entry S, I, R (Note 2)	1F	Freq 2F	uency 3F ote 3)		1D	urati 2D (Note	on 3D
								닏	1111	Ш	Ш	Ш	Ш
				_									
			· ·					Ļ	4	닏	닏		닏
Specify other work	use:				_			L					
E-Explosives, SI	H-Shooting	; Note 2	(Route of Entry);	S-Skin, I- Inges	tion, R- Respirato	Biological Safety Cab ry; Note 3 (Frequenc -More than 8 hours.							,
	Jonal, and		Sec	tion C (To be co	mpleted by emplo	yee)			-				
Address		Th	eve reviewed the info	mation and certify Signature	that it is accurate to t	he best of my knowledge.		In	Feleph	one	Num	her	
71001003									Date				
			Section D.C	o he completer	d by employee's s	unervisor)			-ute	_			
	I ha	ve reviewed				accurate to the best of m	y knoi						_
Address				Signature					Telepi	none	Num	ber	
								ī	Date				

Medical Surveillance

- APHIS 29 Form is available at: <u>http://www.aphis.usda.gov/library/forms/pdf/aphis29.pdf</u>
- Steps to Complete APHIS 29 Form
- (1) The employee, who is requesting medical surveillance service, must complete sections A & B and sign section C.
- (2) Then the form must be reviewed/verified and signed by the supervisor in section D.
- (3) The employee or the supervisor then should fax the form to FOH (Judy Ma 415-437-8007).
- (4) FOH Medical Advisor (Dr. Wugofski 415-437-8056) will review the Aphis 29 Form and a USDA/APHIS/MSP Test List will be generated indicating what tests, exams or immunizations the employee is eligible for. This list of tests, exams, or immunizations will be sent back to the employee.
- (5) The employee calls for appointment and brings this list of tests to the assigned Occupational Health Clinic. The OHC may want the employee to fax the USDA/APHIS/MSP Test List to assist them in scheduling the tests or exam.

Enter ALL Identifying information in the appropriate boxes

Telephone Number

987-654-3210

Name (Last, First, Middle Initial)

Title, Series, Grade

x Male

BUSY-GUY, Ima

Female

Date of Birth

09/27/1900

D STATES DEPARTMENT OF AGRICULTURE AND PLANT HEALTH INSPECTION SERVICE

01234

Section B (To be completed by employee)

Where there is a box to indicate a choice, simply click on the appropriate box to make your selection

OCCUPATIONAL MEDICAL MONITORING PROGRAM OCCUPATIONAL EXPOSURES (Please print all information)

Section A (To be completed by employee) Social Security Number Work Address (Include Laboratory, Building and Pont 123-45-6789 123 East Happy Go Lucky Blvd. Northwest Wallys Parrot View, Nebraska Veterinary Medical Officer, GS0504-11

that make up your location.

Work Address

should include any

Building, Laboratory

Or Room numbers

Are you a respirator user? If yes, what type? (Check all that apply) Pesticide Applicator * Yes No x Negative Pressure * PAPR * SCBA ¥ Yes No Name of Occupational Exposure (List all actual/potential Check box(es) Check box(es) CAS occupational exposures with which you work. Use Route of Entry Frequency Duration continuation sheet, if necessary) Work Use S, I, R 1F 2F 3F 4F **EPA Number** 1D 2D 3D (Note 1) (Note 2) (Note 4) × Noise - Pilot of Bell Model 63T Helicopter NA O, AP, SH, E R × 0 Noise - Bird Relocation near USMC Harrier Jets NA O & Indoors Noise - Inspections of Dog/Puppy Rearing Facilities NA × Pesticide - Cumophos applications on horses/cattle O & Indoors S.I.R. Pesticide - Monitoring of Methyl Bromide Fumigations NA O & Indoors S,I,R × Biological - Avian Influenza Surveillance NA O & Indoors S,I,R Chemical - Ammonia in Heated Chicken Houses NA Indoors S, R Chemical - Isopropyl Alcohol for Insect samples × BT S,I,R Monkeys - Inspections - Exposed to Feces & Urine NA O & Indoors S.I.R Deer - Perform necropsies of tick infested deer NA O & Indoors S,I,R × Beaver Dam Removal Operations with Plastic Explosive 0 NA × Aerial Gunning from Un-Manned Drone NA O, AC, SH,E Radiation - Sterilization Irradiator Operator NA Indoors

Important

• NOTE: Please enter the address where the employee wants his or her Confidential Results mailed to on the APHIS Form 29. The address listed on the APHIS Form 29 is where the results will be mailed.

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OCCUPATIONAL MEDICAL MONITORING PROGRAM OCCUPATIONAL EXPOSURES

(Please print all information)

			Section	n A (To be con	npleted by er	nployee)							
Name (Last, Firs BUSY-GUY, Ima	343 8 1391244556536363656	itial)	Social Security I 123-45-6789	PERSONAL STATES	Work Addres	ss (Include Laborator	y, Buildii	ng an	d Ro	om)			
Date of Birth 09/27/1900	-0 29	ies, Grade ary Medical	Officer, GS0504-11			ppy Go Lucky Blvd. /allys Parrot View, Neb	raska						
Sex Female	× M	ale	Telephone Number 987-654-3210	r									
	24 - 10 - 40 - 40 - 40 - 40 - 40 - 40 - 4		(Marie Marie	n B (To be cor	mpleted by er	mployee)							
Are you a respi	rator user?	If yes, wh	at type? (Check all			1					H		
≠ Yes	No	x Neg	ative Pressure	* PAPR	x SCB	Pesticide App	Pesticide Applicator Yes No						
Name of Occupation occupational expo continuation sheet	sures with w	hich you wo		CAS or EPA Numbe	Work U		ry 1F		ienc	•	D	eck bo Jurati 2D (Note	on 3D
Noise - Pilot of	f Bell Model	63T Helico	pter	NA	O, AP, SH	,E R	×					×	
Noise - Bird Re	elocation ne	ar USMC H	arrier J				×						×
Noise - Inspec	tions of Dog	/Puppy Rea	aring Fa	100	00	rs		×				×	
Pesticide - Cur	mophos app	lications on	horses	3	00	rs S,I,R	×						×
Pesticide - Mo	nitoring of M	lethyl Brom	ide Fur	essary, us	e the	rs S,I,R		×				×	
Biological - Av	ian Influenza	a Surveillan		ng Contini	100	rs S,I,R	×					×	
Chemical - Am	nmonia in He	eated Chick		t to comp		S, R		×				×	
Chemical - Iso	propyl Alcoh	nol for Insec	a samp	cupationa		S,I,R	×				×		
Monkeys - Insp	pections - E	xposed to F	eces &	xposures	ndoo	rs S,I,R			×			×	
Deer - Perform	n necropsies	of tick infe	sted deer	NA	O & Indoo	rs S,I,R				×		×	
Beaver Dam R	Removal Ope	erations with	n Plastic Explosive	NA	0		×					×	
Aerial Gunning	g from Un-M	anned Dron	ne	NA	O, AC, SH	i,E		×				×	
Radiation - Ste	erilization Irra	adiator Ope	rator	NA NA	Indoors			x				×	
Hazardous Wa	aste - Spent	Dibrom Tra	p Storage	NA	Indoors	S,I,R			×			×	
Rabies - Picku	p both live a	and dead ra	bid animals	NA	О	s	×						×
Ozone form Of	ffice Copier			NA	Indoors	R	×						x
												П	

Name of
Occupational
Exposure
List ALL
actual/potential
occupational
exposures with
which you work.

Name (Last, First, Middle Initial)	Social Security	Number	Telephone Number	r	Date	
	CAS		V	Check	box(es)	Check box(es)
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work)	or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Frequ 1F 2F (Not	ency 3F 4F	Duration 1D 2D 3D (Note 4)
16						
			7			
				יוע		
Continuation she						
occupational expos	ures exceed ble on the			paces		
		- Fu	 			
	*					
	21					

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OCCUPATIONAL MEDICAL MONITORING PROGRAM OCCUPATIONAL EXPOSURES

(Please print all information)

											_		_	
	3.53			Sectio	n A (To be comp	leted by emplo	oyee)							
Name (Last, First BUSY-GUY, Ima	16. 10 Days 190 110 11 110 11	itial)	Social 1		Enter the CAS	,	Include Laboratory, B	uildir	ng an	d Ro	om)			
Date of Birth 09/27/1900	70 39	ies, Grade ry Medical	Officer, GS	R	A Number, if a efer to the MSI abeling Inform	DS ally:	Go Lucky Blvd. s Parrot View, Nebrask	а						
Sex Female	× Ma	ale	Telephon 987-654-	fo	or these number	ers								
				Sectio		ted by employed	oyee)							
Are you a respir	ator user?	1	nat type? (C pative Pressu		tha x Px	≭ SCBA	Pesticide Applicat	or	x	Yes		┖]No	
Name of Occupation occupational exposormation sheet,	sures with w	hich you wo		al	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	1F	Check Frequence 2F (No	ienc		D	eck bo urati 2D (Note	on 3D
Noise - Pilot of	Bell Model	63T Helico	pter		NA -	O, AP, SH, E	R	×					x	
Noise - Bird Re	location nea	ar USMC H	larrier Jets		NA	0		×						×
Noise - Inspect	ions of Dog	Puppy Rea	aring Faciliti	ies	NA	O & Indoors			×				×	
Pesticide - Cun	nophos appl	ications or	horses/cat	tle		O & Indoors	S,I,R	×						×
Pesticide - Mon	itoring of M	ethyl Brom	ide Fumiga	tions	NA	O & Indoors	S,I,R		×				×	
Biological - Avia	an Influenza	Surveillan	nce		NA -	O & Indoors	S,I,R	×					×	
Chemical - Am	monia in He	ated Chick	en Houses		NA	Indoors	S, R		×				×	
Chemical - Isop	ropyl Alcoh	ol for Insec	ct samples			ВТ	S,I,R	×				×		
Monkeys - Insp	ections - Ex	posed to F	eces & Urir	ne	NA	O & Indoors	S,I,R			×			×	
Deer - Perform	necropsies	of tick infe	sted deer		NA	O & Indoors	S,I,R				×		×	
Beaver Dam Re	emoval Ope	rations wit	h Plastic Ex	plosive	NA	o		×					×	
Aerial Gunning	from Un-Ma	anned Dror	ne		NA	O, AC, SH,E			×				×	
Dadiation Cto	dibastian Isra	distan One			114	19. a			[w]				[2]	

E - Explosives, SH - Shooting

Specify other work use:



Note 1 (Work Use): FM-Furne-Hood, BT-Bench Top, BS-Back Sprayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft, E-Explosives, SH-Shooting; Note 2 (Route of Entry); S-Skin, I- Ingestion, R- Respiratory; Note 3 (Frequency): 1F-Daily, 2F-Weekly, 3F-Monthly, 4F-Seasonal; and Note 4 (Duration): 1D-Less than 1 hour, 2D-1 to 8 hours, 3D-More than 8 hours.

Section C (To be completed by employee)
I have reviewed the information and certify that it is accurate to the best of my knowledge

OCCUPATIONAL MEDICAL MONITORING PROGRAM OCCUPATIONAL EXPOSURES

		a		Route of Entr	.,					
	Section			wing to describe		of onti	rv.			
Name (Last, First, Middle Initial)	Social Security			S, I, R	Toute	e Or eriti	ıy			
BUSY-GUY, Ima	123-45-6789		Use a comb	pination to best d	escr	ibe the				
Date of Birth Title, Series, Grade			potential	or actual routes	of e	ntrv.				
09/27/1900 Veterinary Medical C	Officer, GS0504-11	—— [☆] (See N	Note 2 in the	reference box be	elow	for mor	e in	fo.)		
Formale Tallet	elephone Number	`								
	987-654-3210	n B (To be comp	leted by employ							
Are you a respirator user? If yes, what			isted by					-	-	-
consequences and an experience of the contract	ive Pressure	≭ PAPR	* SCBA	ati	or	¥ Yes			No	
Name of Occupational Exposure (List all actuoccupational exposures with which you work continuation sheet, if necessary)		CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	135	requency 2F 3F (Note 3)	,	D 1D	eck bo urati 2D (Note	on 3D
Noise - Pilot of Bell Model 63T Helicopt	er	NA	O, AP, SH, E	R	×				×	
Noise - Bird Relocation near USMC Ha	rrier Jets	NA	0		×					×
Noise - Inspections of Dog/Puppy Rear	ing Facilities	NA	O & Indoors			×			×	
Pesticide - Cumophos applications on h	orses/cattle		O & Indoors	S,I,R	×					×
Pesticide - Monitoring of Methyl Bromid	e Fumigations	NA	O & Indoors	S,I,R		×			×	E
Biological - Avian Influenza Surveillance	•	NA -	O & Indoors	S,I,R	x				×	
Chemical - Ammonia in Heated Chicker	n Houses	NA	Indoors	S, R		×			×	E
Chemical - Isopropyl Alcohol for Insect	samples		BT	S,I,R	×			×		Ī
Monkeys - Inspections - Exposed to Fe	ces & Urine	NA	O & Indoors	S,I,R					×	
Deer - Perform necropsies of tick infest	ed deer	NA	O & Indoors	S,I,R			×		×	
Beaver Dam Removal Operations with	Plastic Explosive	NA	0		×				×	
Aerial Gunning from Un-Manned Drone		NA	O, AC, SH,E			×			×	
Radiation - Sterilization Irradiator Opera	ator	NA	Indoors			×			×	C
Hazardous Waste - Spent Dibrom Trap	Storage	NA	Indoors	S,I,R					×	E
Rabies -				-			Ы			×
Ozone fo Note 2 (Route	of Entry):	S – Skin. I	- Ingesti	on. R – Resp	irat	orv	F	F		×
5/80/50/5 / 1/10			900	,		,	Ħ			F
Specify other work use:			ļ				لك		ш	_



Note 1 (Work Use): FM-Fume-Hood, BT-Bench Top, BS-Back Sprayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft, E-Explosives, SH-Shooting; Note 2 (Route of Entry); S-Skin, I- Ingestion, R- Respiratory; Note 3 (Frequency): 1F-Daily, 2F-Weekly, 3F-Monthly, 4F-Seasonal; and Note 4 (Duration): 1D-Less than 1 hour, 2D-1 to 8 hours, 3D-More than 8 hours.

Section C (To be completed by employee)

OCCUPATIONAL MEDICAL MONITORING PROGRAM OCCUPATIONAL EXPOSURES

(Please print all information)

Sex Female x Male Are you a respirator user? If yes	Telephone Number 987-654-3210 Sections, what type? (Check all Negative Pressure	n B (To be com that apply)	Nork Address (In 123 East Happy G Northwest Wallys 01234 spleted by employ	to Lucky Parrot V Select ★ (See	ate frec ting the Note 3	quency quency of e approp in the re	f use riate eferer	box nce	
Date of Birth 09/27/1900 Sex Female Are you a respirator user? Yes No Name of Occupational Exposure (List occupational exposures with which ye continuation sheet, if necessary) Noise - Pilot of Bell Model 63T H Noise - Bird Relocation near USN Noise - Inspections of Dog/Pupp Pesticide - Cumophos application Pesticide - Monitoring of Methyl B Biological - Avian Influenza Survey Chemical - Ammonia in Heated C	Telephone Number 987-654-3210 Sections, what type? (Check all Negative Pressure	n B (To be com that apply)	Northwest Wallys 01234 npleted by employ	Parrot V select ★ (See box	ate frec ting the Note 3	quency of approping the interior in the re	f use riate eferer	box nce	
Are you a respirator user? If yes No x Name of Occupational Exposure (List occupational exposures with which ye continuation sheet, if necessary) Noise - Pilot of Bell Model 63T H Noise - Bird Relocation near USN Noise - Inspections of Dog/Puppy Pesticide - Cumophos application Pesticide - Monitoring of Methyl B Biological - Avian Influenza Surve Chemical - Ammonia in Heated C	Sections, what type? (Check all Negative Pressure	that apply) PAPR			——	TOI MOR	e inio	.)	
Name of Occupational Exposure (List occupational exposures with which ye continuation sheet, if necessary) Noise - Pilot of Bell Model 63T H Noise - Bird Relocation near USN Noise - Inspections of Dog/Puppy Pesticide - Cumophos application Pesticide - Monitoring of Methyl B Biological - Avian Influenza Surve Chemical - Ammonia in Heated C	s, what type? (Check all Negative Pressure all actuallpotential	that apply) PAPR		/ee)		_			
Name of Occupational Exposure (List occupational exposures with which ye continuation sheet, if necessary) Noise - Pilot of Bell Model 63T H Noise - Bird Relocation near USN Noise - Inspections of Dog/Puppy Pesticide - Cumophos application Pesticide - Monitoring of Methyl B Biological - Avian Influenza Surve Chemical - Ammonia in Heated C	Negative Pressure	≠ PAPR	[w]ccpA				18		-
occupational exposures with which yo continuation sheet, if necessary) Noise - Pilot of Bell Model 63T H Noise - Bird Relocation near USN Noise - Inspections of Dog/Puppy Pesticide - Cumophos application Pesticide - Monitoring of Methyl B Biological - Avian Influenza Surve Chemical - Ammonia in Heated C		St. 40540	LASCBA	Pesticide Applica	tor			No	
Noise - Bird Relocation near USN Noise - Inspections of Dog/Pupp Pesticide - Cumophos application Pesticide - Monitoring of Methyl Biological - Avian Influenza Survi Chemical - Ammonia in Heated C		CAS or EPA Number	Work Use	Route of Entry S, I, R (Note 2)	1F 2F	quency	Du 1D	ck box(es ration 2D 30 Note 4)	1
Noise - Inspections of Dog/Pupp Pesticide - Cumophos application Pesticide - Monitoring of Methyl B Biological - Avian Influenza Surve Chemical - Ammonia in Heated C	elicopter	NA	O, AP, SH, E	R				X	
Pesticide - Cumophos application Pesticide - Monitoring of Methyl B Biological - Avian Influenza Survi Chemical - Ammonia in Heated C	MC Harrier Jets	NA	0		×				x
Pesticide - Monitoring of Methyl Biological - Avian Influenza Survi Chemical - Ammonia in Heated C	y Rearing Facilities	NA	O & Indoors					× [J
Biological - Avian Influenza Survi	ns on horses/cattle		O & Indoors	S,I,R	×				x
Chemical - Ammonia in Heated C	Bromide Fumigations	NA	O & Indoors	S,I,R				×	Ī
See an in the Mindow See Section 19	eillance	NA -	O & Indoors	S,I,R	X			×	Ī
Chemical - Isopropyl Alcohol for	Chicken Houses	NA	Indoors	S, R				×	Ī
	Insect samples		BT	S,I,R	X		×		Ī
Monkeys - Inspections - Exposed	to Feces & Urine	NA	O & Indoors	S,I,R				×	\exists
Deer - Perform necropsies of tick	infested deer	NA	O & Indoors	S,I,R				×	
Beaver Dam Removal Operation	s with Plastic Explosive	NA	0		×			×	Ī
Aerial Gunning from Un-Manned	Drone	NA	O, AC, SH,E					×	J
Radiation - Sterilization Irradiator	Operator	NA	Indoors					×	J
Hazardous Waste - Spent Dibron	n Trap Storage	NA	Indoors	S,I,R		×		×	Ī
Ozon Note 3 (Frequency other work use:	ency): 1F – Da	aily, 2F – '	Weekly, 3F	– Monthly, 4	4F - S	easona	al		×



Note 1 (Work Use): FM-Fume-Hood, BT-Bench Top, BS-Back Sprayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft, E-Explosives, SH-Shooting; Note 2 (Route of Entry); S-Skin, I- Ingestion, R- Respiratory; Note 3 (Frequency): 1F-Daily, 2F-Weekly, 3F-Monthly, 4F-Seasonal; and Note 4 (Duration): 1D-Less than 1 hour, 2D-1 to 8 hours, 3D-More than 8 hours.

Section C (To be completed by employee)

OCCUPATIONAL EXPOSURES

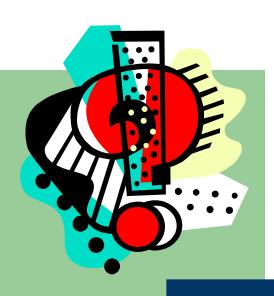
				(Please print	all information)	a green element	OSSET								
			Section	n A (To be co	mpleted by employ	ee)									
Name (Last, First BUSY-GUY, Ima	, Middle In	itial)	Social Security 123-45-6789	Pro-proposition and the second	Work Address (Inc	clude Laboratory, B						ible	ехро	osure by	
Date of Birth	Title, Ser	ies, Grade			123 East Happy G		VC7174	selecting the appropriate b							
09/27/1900	Veterina	ry Medical (Officer, GS0504-11	1	Northwest Wallys F 01234	Parrot View, Nebrask	a	(ference info.)	
Sex Female	× M	ale	Felephone Number 987-654-3210						DU	x be	now -	101 1		11110.)	
			Section	n B (To be co	mpleted by employ	ee)				\overline{Z}	╛		E		
Contract Con	CHARLES - OWNAME OF		t type? (Check all	The particular of the second o	57	Pesticide Applicat	tor	W-2							
eritatata	No		tive Pressure	* PAPR	≠ SCBA	resuciue Applical	T -	X	Yes						
Name of Occupation occupational exposionation sheet,	sures with w	hich you wor		CAS or EPA Numbe	Work Use	Route of Entry S, I, R (Note 2)	1F		ienc	y	D 10	uration 2D (Note 4	on 3D		
Noise - Pilot of	Bell Model	63T Helicop	ter	NA	O, AP, SH, E	R	×					×			
Noise - Bird Re	location ne	ar USMC Ha	rrier Jets	NA	0		×						×		
Noise - Inspecti	ions of Dog	/Puppy Rear	ring Facilities	NA	O & Indoors			×				x			
Pesticide - Cum	nophos app	lications on	horses/cattle		O & Indoors	S,I,R	×						×		
Pesticide - Mon	itoring of M	ethyl Bromio	de Fumigations	NA	O & Indoors	S,I,R		×				×			
Biological - Avia	an Influenza	Surveilland	e	NA	O & Indoors	S,I,R	×					×			
Chemical - Amr	monia in He	ated Chicke	n Houses	NA	Indoors	S, R		×				×			
Chemical - Isop	oropyl Alcoh	ol for Insect	samples		BT	S,I,R	×				×				
Monkeys - Insp	ections - Ex	cposed to Fe	eces & Urine	NA	O & Indoors	S,I,R			×			×			
Deer - Perform	necropsies	of tick infes	ted deer	NA	O & Indoors	S,I,R				×		x			
Beaver Dam Re	emoval Ope	erations with	Plastic Explosive	NA	0		×					×			
Aerial Gunning	from Un-Ma	anned Drone	•	NA	O, AC, SH,E			×				×			
Radiation - Ster	rilization Irra	adiator Oper	ator	NA	Indoors			x				×			
Note 4 (E	Ouratio	n): 1D	– Less thar	1 hour,	2D – 1 to 8	hours, 3D –							1		
				1			Ш	ш	Ш	Ш	Ш	ш	Ш		
Specify other work	use:														
E-Explosives, SH	l-Shooting	Note 2 (R	oute of Entry); S-S ation): 1D-Less th	Skin, I- Ingest an 1 hour, 20	ion, R- Respiratory 0-1 to 8 hours, 3D-N										
		***			mpleted by employ	21124									
		I have	e reviewed the informa	tion and certify	that it is accurate to the	best of my knowledge.	ri .		011 91						

-						ال	ate				
Address	S	ignature					eleph	one	Num	ber	
	e reviewed the information provided	The second secon		· production of the control of the c	y know						
<u> </u>	Section D (To)	ne completed t	by employee's su	nervisor)		٦					
la se						D	ate		3 - 8		
Address		ignature				Te	leph	one	Num	ber	
				ree) e best of my knowledge.			-				
Monthly, 4F-Seasonal; and Monthly, 4F-Seasonal; and Monthly, 4F-Seasonal;			1 to 8 hours, 3D-I	More than 8 hours.		-	-		-		_
E-Explosives, SH-Shooting;	Note 2 (Ro	Skin, I- Ingestic	on, R- Respiratory	y; Note 3 (Frequenc							
Note 1 (Work Use): FM-Fun	ne-Hood, BT-B(BS-I	Back Sprayer,	T-Tractor, BSC-Bi	ological Safety Cab	inet,	O-Out	door	s, Al	P-Air	craft,	
Specify other work use:	Sign & Date										
Ozone form Office Copier	Telephone num	nber.	Indoors	R	×						×
Rabies - Pickup both live a	Address,		0	s	×						×
Hazardous Waste - Spent	must comple		Indoors	S,I,R			×			×	
Radiation - Sterilization Irra	Employee	NA	Indoors			×				×	
Aerial Gunning from Un-Ma	inned Drone	NA	O, AC, SH,E			×				×	
Beaver Dam Removal Oper	rations with Plastic Explosive	NA	0		×					×	
Deer - Perform necropsies	of tick infested deer	NA	O & Indoors	S,I,R				×		×	
Monkeys - Inspections - Ex	posed to Feces & Urine	NA	O & Indoors	S,I,R			×			×	
Chemical - Isopropyl Alcoho	ol for Insect samples		BT	S,I,R	×				×		
Vicio esti populari controloria del controloria del pela recipio e del pela del controloria de		.976565	1250797100550	3704.0.0	1		느	느	_	ш	

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Exposed to Feces & Urine	NA	O & Indoors	S,I,R					×		
es of tick infested deer	NA	O & Indoors	S,I,R			×		×		
perations with Plastic Explosive	NA	0		×				× 🗆		
Manned Drone	NA	O, AC, SH,E			× [×		
Irradiator Operator	NA	Indoors			x [×		
nt Dibrom Trap Storage	NA	Indoors	S,I,R					×		
e and dead rabid animals	NA	0	s	×						
er	NA	Indoors	R	×						
must complete Address,	er,	gestion, R- Respiratory ur, 2D-1 to 8 hours, 3D-No e completed by employ	; <u>Note 3</u> (Frequ More than 8 ho ee)	uency): 1F-D urs.	회장 용성 (1887) 기업에서 발발하고 하지만 그리고 있었다. 이 경험 하나는 사람들이 되었다면 하고 있다.					
	5				Date		= = = =			
				et of my knowle	dae					
	ignature		poniate to nie pez	LOT HIS KNOWN		phone	Numb	er		
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	Address, Telephone numb Sign & Date	es of tick infested deer Departions with Plastic Explosive MA Manned Drone NA Irradiator Operator Int Dibrom Trap Storage Explosive NA NA NA Supervisor MA Supervisor MA Supervisor MA Address, Telephone number, Sign & Date In D (To be complete to provided by the entropy of the provided by the provided	es of tick infested deer Departions with Plastic Explosive NA O & Indoors Departions with Plastic Explosive NA O, AC, SH,E Departions NA Indoors NA Indoors NA Indoors Departions NA Indoors NA Indoors NA Indoors NA Indoors NA Indoors Supervisor MA Indoors Telephone number, Sign & Date NA Indoors To be completed by employee's supervisor to make it is accurate to the m	es of tick infested deer NA O & Indoors Manned Drone NA O, AC, SH,E Irradiator Operator NA Indoors NA Indoors NA Indoors S,I,R Paradiator Operator NA Indoors NA Indoors NA Indoors NA Indoors R Supervisor MA Indoors R Supervisor MA Indoors R Supervisor MA Indoors R Supervisor MA Indoors R Indoors Indo	es of tick infested deer NA O & Indoors NA O, AC, SH,E Irradiator Operator NA Indoors NA Indoors NA Indoors NA Indoors S,I,R Irradiator Operator NA Indoors NA Indoors NA Indoors NA Indoors NA Indoors R III Supervisor Must complete Address, Telephone number, Sign & Date NA Indoors NA Indoors R III Indoors III Indoors R III Indoors III	es of tick infested deer NA O & Indoors Manned Drone NA O, AC, SH,E Irradiator Operator NA Indoors Int Dibrom Trap Storage Address, Telephone number, Sign & Date NA D & Indoors NA Indoors R Indoors Indoors R Indoors R Indoors Indoors R Indoors Indoo	es of tick infested deer NA O & Indoors S,I,R Departations with Plastic Explosive NA O, AC, SH,E Irradiator Operator NA Indoors NA Indoors NA Indoors S,I,R NA Indoors NA Indoors NA Indoors NA Indoors NA Indoors R Indoors R Indoors R Indoors I	es of tick infested deer NA O & Indoors S,I,R		

Questions



If you have any questions on completing this form, please contact **Peter Petch** on (301) 734-5383